

**LOG0000167024**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

**L. SELLERS**

JUL - 82008

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

**EXAMINER**

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**HCC Services LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HCC Services LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

7800 South West 57th Avenue  
Suite 207 E  
Miami, FL 33143

**Mailing Address:**

7800 South West 57th Avenue  
Suite 207 E  
Miami, FL 33143

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Carlos F. de Mendia

Name

7800 SW 57 Ave, Suite 207E

Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33143

FL

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
Registered Agent's Signature (REQUIRED)

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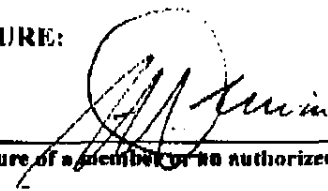
**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	Carlos F. de Mendia 7000 SW 57 Ave, Suite 207E Miami, FL 33143
<u>MGRM</u>	Carlos G. Mendia 14708 GOLDEN LEAF PLACE LOUISVILLE, KY, 40245
<u>MGRM</u>	Cristina Mendia Beaupertuy 8464 Caballero Blvd. Coral Gables, FL 33143
<u>MGRM</u>	Irma Mendia 2005 Eagle Point Drive Dalton, GA 30720
<u>MGRM</u> (Use attachment if necessary)	IRMA A. DE MENDIA 1120 S. ALHAMBRA CIR CORAL GABLES, FL 33146

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Carlos F. de Mendia

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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